

Registration District No. 169

Primary Registration District No. 5235

Registrar's No. 25

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Brunswick Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME DONALD EUGENE BACHTEL

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Nov. 5 1927
(Month) (Day) (Year)

8. AGE: Years 13 Months 7 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Harry C. Bachtel

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eda A. Amity

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry C. Bachtel

(b) Address Brunswick Mo

17. (a) Rural (b) Date thereof 6-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director L. Messel

(b) Address Brunswick Mo

19. (a) June 10/41 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Rural Brunswick
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9,
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Killed by lightning Duration Instant

Due to Electric current from lightning

Due to Killed instantly

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6/9/41

(c) Where did injury occur? near his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
15 on farm
While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature Harry E. Tatum (M. D. or other) _____

Address Brunswick Mo Date signed 6/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. W. Heavil
Licensed Embalmer No. 823
P. O. Address Brunswick, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.